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FACSIMILE COVER SHEET

TO: Examiner S.M. Brinich
 USPTO - TC/Art Unit 2624

FROM: Leonard P. Diana (Reg. No. 29,296)

RE: U.S. Patent Appln. No. 09/544,669
 Attorney Docket: 03500.014411

FAX NO.: 703-872-9306

DATE: August 24, 2004 **NO. OF PAGES:** 26
(including cover page)

TIME: **SENT BY:**

MESSAGE

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August 24, 2004
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Leonard P. Diana (Reg. No. 29,296)
 (Name of Attorney for Applicant)

L.P. Diana
 (Signature)

August 24, 2004
 (Date of Signature)

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**RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
ART UNIT 2624**

In re Application of:

HARUO MACHIDA

Application No.: 09/544,669

Filed: April 6, 2000

For: DATA PROCESSING APPARATUS AND DATA
PROCESSING METHOD FOR CONTROLLING
PLURAL PERIPHERAL DEVICES TO PROVIDE
FUNCTION

Docket No. 03500.014411

Examiner: S.M. Brinich

Group Art Unit: 2624

Date: August 24, 2004

Mail Stop: AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 57	MINUS	** 80	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 4	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Leonard P. Diana
Attorney for Applicant
Registration No. 29,296

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PAGE 5/26 * RCVD AT 8/24/2004 4:12:31 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/3 * DNIS:8729306 * CSID:1212 218 4550 * DURATION (mm:ss):06-20

**RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
ART UNIT 2624**

03500.014411

PATENT APPLICATION

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HARUO MACHIDA) Examiner: S.M. Brinich
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PERIPHERAL DEVICES TO PROVIDE)
FUNCTION) August 24, 2004

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AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated June 24, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence was transmitted by facsimile to the United States Patent and Trademark Office (Fax No. 703-872-9306) on

August 24, 2004
(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)
(Name of Attorney for Applicants)

Leonard P. Diana
(Signature)

August 24, 2004
(Date of Signature)